

GPRA—New Client Outcome Code Book with Validations (Draft)

- *Entry is required for all fields, no blank/null value permitted.*
- *“A” denotes required character value.*
- *“9” denotes required numeric value.*
- *Format legend*
 - *“A” – alphanumeric field*
 - *“MM/DD/YYYY” – date field*
 - *“9” – numeric field, no alpha characters (may be used for arithmetic calculations)*

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
1	GRANTNO	Grant No/Contract ID	Text	15	AA99999	Blanks are not allowed;	A unique grant No of your program.	
2	CLIENTID	Client ID	Text	15	AAAAAAAA AAA	Blanks are not allowed; Any Value.	A unique Client ID from your program; Add follow up surveys, Client ID will be pro-populated	
3	YEAR	Grant Year	Numeric	4	9999	Blanks are not allowed; 4 digit year format; No alpha characters; Not earlier than the grant starting FY; No later than the current FY.	9999	
4	INT_DATE	Interview Date	Date	10	MM/DD/YY YY	Blanks are not allowed; No alpha characters; Not earlier than the grant starting No later than today's date.	99/99/9999	
5	TYPE	Interview Type	Numeric	2	99	1-20. All follow up should have intake.	1 = Intake 1 2 = 6 month follow up 1 3 = 12 month follow up 1 4 = 3 month follow up 1 5 = Intake 2 6 = 6 month follow up 2 7 = 12 month follow up 2 8 = 3 month follow up 2 9 = Intake 3 10 = 6 month follow up 3 11 = 12 month follow up 3 12 = 3 month follow up 3 13 = Intake 4 14 = 6 month follow up 4 15 = 12 month follow up 4 16 = 3 month follow up 4 17 = Intake 5	If interview type is not Intake, Section H will not be shown. The follow-up records should follow its intake record as the codes of the TYPY field are shown; e.g., type 2, 3 or 4 can only follows type 1, type 6, 7 or 8 can only follows type 5, and so on.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
							18 = 6 month follow up 5 19 = 12 month follow up 5 20 = 3 month follow up 5	
6	SVTP_1	What service type will the client receive in your program? Service Type: Case Management	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
7	SVTP_2	What service type will the client receive in your program? Service Type: Day Treatment	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
8	SVTP_3	What service type will the client receive in your program? Service Type: Inpatient	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
9	SVTP_4	What service type will the client receive in your program? Service Type: Outpatient	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
10	SVTP_5	What service type will the client receive in your program? Service Type: Outreach	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
11	SVTP_6	What service type will the client receive in your program? Service Type: Intensive Outpatient	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
12	SVTP_7	What service type will the client receive in your program? Service Type: Methadone	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
13	SVTP_8	What service type will the client receive in your program? Service Type: Residential	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
14	SVTP_10	What service type will the client receive in your program? Service Type: Other	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	
15	SVTP10OT	What service type will the client receive in your program? Service Type: Other	Text	50	See width	Blanks allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of SVTP_10 is checked or equal 1.
16	SVTP_11	What service type will the client receive in your program? Service Type: Other	numeric	2	99	1. Blanks are not allowed.	1 = Yes	
17	SVTP11OT	What service type will the client receive in your program? Service Type: Other	Text	50	See width	Blanks allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of SVTP_11 is checked or equal 1.
18	SVTP_12	What service type will the client receive in your program? Service Type: Other	numeric	2	99	1. Blanks are not allowed.	1 = Yes	
19	SVTP12OT	What service type will the client receive in your program? Service Type: Other	Text	50	See width	Blanks allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of SVTP_12 is checked or equal 1.
20	SVTP_13	When old GPRA form was used to collect data, service type is not	Numeric	2	99	1. Blanks are not allowed.	1 = Not applicable when old GPRA form was used to collect data.	If this value equals 1 then the above service type

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
		applicable.						questions should be skipped.
21								
	B_1A	1a. During the past 30 days how many days have you used the following: Any alcohol.	Numeric	2	99	Blanks are not allowed; 0 through 30, 96-99.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
22	B_1B1	1b. During the past 30 days how many days have you used the following: Alcohol to intoxication (5+ drinks in one sitting).	Numeric	2	99	Blanks are not allowed; 0 through 30, 96-99.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The sum of B_1B1 and B_1B2 should not exceed the value of B_1A.
23	B_1B2	1c. During the past 30 days how many days have you used the following: Alcohol to intoxication (4 or fewer drinks and felt high).	Numeric	2	99	Blanks are not allowed; 0 through 30, 96- 99.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The sum of B_1B1 and B_1B2 should not exceed the value of B_1A.
24	B_1C	1c. During the past 30 days how many days have you used the following: Illegal drugs.	Numeric	2	99	Blanks are not allowed; 0 through 30, 96- 99.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If B_1C equals 0, skip to B_3.
25	B_2A	2a. During the past 30 days how many days have you used the following: Cocaine/crack.	Numeric	2	99	0 through 30, 96- 99; blanks allowed if B_1c equals 0;	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
26	B_2B	2b. During the past 30 days how many days have you used the following: Marijuana/hashish.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
27	B_2C1	2c1. During the past 30 days how many days have you used the following: Heroin (Smack, H, Junk, Skag)	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0;	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
28	B_2C2	2c2. During the past 30 days how many days have you used the following: Morphine.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
29	B_2C3	2c3. During the past 30 days how many days have you used the following: Diluadid.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know	The value of this field should not exceed the value of B_1C.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
							99 = Missing data	
30	B_2C4	2c4. During the past 30 days how many days have you used the following: Demerol.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
31	B_2C5	2c5. During the past 30 days how many days have you used the following: Percocet.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
32	B_2C6	2c6. During the past 30 days how many days have you used the following: Darvon.	Numeric	2	99	0 through 30, 96-99; blanks allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
33	B_2C7	2c7. During the past 30 days how many days have you used the following: Codeine.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C..
34	B_2C8	2c8. During the past 30 days how many days have you used the following: Tylenol 2,3,4.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
35	B_2D	2d. During the past 30 days how many days have you used the following: Non prescription methadone.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
36	B_2E	2e. During the past 30 days how many days have you used the following: Hallucinogens/psychedelics, PCP, LSD, Mushrooms, Mescaline.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
37	B_2F	2f. During the past 30 days how many days have you used the following: Methamphetamine or other amphetamines.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
38	B_2G1	2g1. During the past 30 days how many days have you used the following: Benzodiazepine, barbiturates, other tranquilizers, Downers sedatives, or hypnotics.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
39	B_2G2	2g2. During the past 30 days how	Numeric	2	99	0 through 30, 96-99; blanks	0 – 30 = Number of days	The value of this field

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
		many days have you used the following: Barbiturates: Mephobarbital (Mebarcut); and pentobarbital sodium (Nembutal)				are not allowed if B_1c equals 0.	96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	should not exceed the value of B_1C.
40	B_2G3	2g3. During the past 30 days how many days have you used the following: Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy).	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
41	B_2G4	2g4. During the past 30 days how many days have you used the following: Ketamine (known as Special K or Vitamin K).	Numeric	2	99	0 through 30, 96-99; blank are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
42	B_2G5	2g5. During the past 30 days how many days have you used the following: Other tranquilizers, downers, sedatives or hypnotics.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
43	B_2H	2h. During the past 30 days how many days have you used the following: Inhalants.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
44	B_2I	2i. During the past 30 days how many days have you used the following: Other Illegal Drugs.	Numeric	2	99	0 through 30, 96-99; blanks are not allowed if B_1c equals 0.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The value of this field should not exceed the value of B_1C.
45	B_2I_OTH	2iz. During the past 30 days how many days have you used the following: Other Illegal Drugs – Specify.	Text	50	See width	Blanks allowed; alpha or numeric characters	Verbatim, conditional requirement	This field has a value only if the value of B_2i is greater than 0.
46	B_3	3. In the past 30 days have you injected drugs?	Numeric	1	9	1-2, 7-9; blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
47	B_4	In the past 30 days, how often did you use a syringe, cooker, cotton or water that someone else used?	Numeric	1	9	1-9; blanks not allowed; select from drop down list	1 = Always 2 = More than half the time 3 = Half the time 4 = Less than half the time 5 = Never 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	If B_3=2 then B_4=6.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
48								
	C_1	1. In the past 30 days, where have you been living most of the time?	Numeric	1	9	1-4, 7-9; blanks are not allowed; select from drop down list.	1 = Shelter or safe haven 2 = Street/outdoors 3 = Institution 4 = Housed 7 = Refused to answer 8 = Do not know 9 = Missing data	
49	C_1H	1. In the past 30 days, where have you been living most of the time?	Numeric	1	9	1-5, 7-9; blank are not allowed; select from drop down list	1 = Own/rent apartment, room, or house 2 = Someone else's apartment, room or house 3 = Halfway house 4 = Residential treatment 5 = Other housed (specify) 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	This field has a value only if the value of C_1 is 4.
50	C_1H_OTH	1. In the past 30 days, where have you been living most of the time? If other house, specify.	Text	50	See width	Blanks allowed; alpha or numeric characters	Verbatim, conditional requirement	This field has a value only if the value of C_1H is 5.
51	C_2	2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?	Numeric	1	9	1-4, 6-9; blanks are not allowed; select from drop down list	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	
52	C_3	3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?	Numeric	1	9	1-4, 6-9; blanks are not allowed; select from drop down list.	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	
53	C_4	4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?	Numeric	1	9	1-4, 6-9; blanks are not allowed; select from drop down list.	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	
54								

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
	D_1	1. Are you currently enrolled in school or a job training program?	Numeric	1	9	1-4, 7-9. Blanks are not allowed; select from drop down list.	1 = Not enrolled 2 = Enrolled, full time 3 = Enrolled, part time 4 = Other 7 = Refused to answer 8 = Do not know 9 = Missing data	
55	D_1_OTH	1z. Are you currently enrolled in school or a job training program? Other, specify.	Text	50	See width	Blanks allowed; alpha-numeric characters.	Verbatim, conditional requirement	This field has a value only if the value of D_1 is equal to 4
56	D_2	2. What is the highest level of education you have finished, whether or not you received a degree?	Numeric	2	99	0-17, 97-98; blanks are not allowed; select from drop down list.	0 = No Education 1 = 1 st grade 2 = 2 nd grade 3 = 3 rd grade 4 = 4 th grade 5 = 5 th grade 6 = 6 th grade 7 = 7 th grade 8 = 8 th grade 9 = 9 th grade 10 = 10 th grade 11 = 11 th grade 12 = 12 th grade 13 = College Freshman 14 = College Sophomore 15 = College Junior 16 = College Senior 17 = Graduate or higher 97 = Refused to answer 98 = Do not know 99 = Missing data	
57	D_2A	2a. If less than 12 years of education, do you have a GED?	Numeric	1	9	1-2, 6-9; blanks are not allowed; select from drop down list.	1 = Yes 2 = No 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	This field has a value only if the value of D_2 is less than 12. If D_2 is equal to or higher than 12, enter "6"(N/A).
58	D_3	3. Are you currently employed?	Numeric	2	9	1-7, 97-99; blanks are not allowed; select from drop down list.	0 = Other, specify 1 = Employed full time 2 = Employed part time 3 = Unemployed, looking for work 4 = Unemployed, disabled 5 = Unemployed, volunteer 6 = Unemployed, retired 7 = Unemployed, no looking for work 97 = Refused to answer 98 = Do not know 99 = Missing data	

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
59	D_3_OTH	3z. Are you currently employed? Other, specify.	Text	50	See width	Blanks allowed; alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of D_3 is equal to 0
60	D_4A	4a. Approximately, how much money did YOU receive in the past 30 days from ... Wages.	Numeric	6	9999	Blanks not allowed; zeros allowed; no alpha characters.	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
61	D_4B	4b. Approximately, how much money did YOU receive in the past 30 days from ...Public assistance.	Numeric	6	9999	Blanks are not allowed; zeros allowed; no alpha characters	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
62	D_4C	4c. Approximately, how much money did YOU receive in the past 30 days from ...Retirement.	Numeric	6	9999	Blanks not allowed; zeros allowed; no alpha characters	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
63	D_4D	4d. Approximately, how much money did YOU receive in the past 30 days from ...Disability.	Numeric	6	9999	Blanks not allowed; zeros allowed; no alpha characters	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
64	D_4E	4e. Approximately, how much money did YOU receive in the past 30 days from ...Non-legal income.	Numeric	6	9999	Blanks not allowed; zeros allowed; no alpha characters	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
65	D_4F	4f. Approximately, how much money did YOU receive in the past 30 days from ...Other.	Numeric	6	9999	Blanks allowed; zeros allowed; no alpha characters	0 - 999999 = Income amount -97 = Refused to answer -98 = Do not know -99 = Missing data	
66	D_4F_OTH	4fz. Approximately, how much money did YOU receive in the past 30 days from ...Other, specify.	Text	50	See width	Blanks allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of D_4f is greater than 0.
67								
	E_1	1. In the past 30 days, how many times have you been arrested?	Numeric	2	99	Blanks not allowed; select from drop down list	0 – 95 = Number of times 97 = Refused to answer 98 = Do not know 99 = Missing data	
68	E_2	2. In the past 30 days, how many times have you been arrested for drug-related offenses?	Numeric	2	99	Blanks are not allowed; select from drop down list	0 – 95 = Number of times 97 = Refused to answer 98 = Do not know 99 = Missing data	E_2 should not exceed the value in E_1
69	E_3	3. In the past 30 days, how many nights have you spent in jail/prison?	Numeric	2	99	Blanks are not allowed; select from drop down list	0 – 30 = Number of nights 97 = Refused to answer 98 = Do not know 99 = Missing data	
70								
	F_1	1. How would you rate your overall health right now?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Excellent 2 = Very good	

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							3 = Good 4 = Fair 5 = Poor 7 = Refused to answer 8 = Do not know 9 = Missing data	
71	F_2A_I	2ai. During the past 30 days did you receive Inpatient Treatment for a Physical complaint?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
72	F2AI_HM	2aiz. During the past 30 days did you receive Inpatient Treatment for a Physical complaint? If yes, how many nights?	Numeric	2	99	0 or blank when f_2a_i is not equal to 1; 1 through 30 when f_2a_i equals 1; otherwise 96-99.	0 – 30 = Number of nights 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2A_I equals 2, then F2AI_HM should be '0' or '96'.
73	F_2A_II	2aii. During the past 30 days did you receive Inpatient Treatment for Mental or emotional difficulties?	Numeric	1	9	Blanks not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
74	F2AII_HM	2aiiz. During the past 30 days did you receive Inpatient Treatment for Mental or emotional difficulties? If yes, how many nights?	Numeric	2	99	0 or blank when f_2a_ii is not equal to 1; 1 through 30 when f_2a_ii equals 1; otherwise 96-99.	0 – 30 = Number of nights 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2A_II equals 2, then F2AII_HM should be '0' or '96'.
75	F_2A_III	2aiii. During the past 30 days did you receive Inpatient Treatment for Alcohol or substance abuse?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
76	F2AIII_HM	2aiiiz. During the past 30 days did you receive Inpatient Treatment for Alcohol or substance abuse? If yes, how many nights?	Numeric	2	99	0 or blank when f_2a_iii is not equal to 1; 1 through 30 when f_2a_iii equals 1; otherwise 96-99.	0 – 30 = Number of nights 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2A_III equals 2, then F2AIII_HM should be '0' or '96'.
77	F_2B_I	2bi. During the past 30 days did you receive Outpatient Treatment for Physical complaint?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
78	F2BI_HM	2biz. During the past 30 days did you receive Outpatient Treatment for Physical complaint? If yes, how many times?	Numeric	2	99	0 or blank when f_2b_i is not equal to 1; 1 through 30 when f_2b_i equals 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2B_I equals 2, then F2BI_HM should be '0' or '96'.
79	F_2B_II	2bii. During the past 30 days did you receive Outpatient Treatment	Numeric	1	9	1-2, 7-9; blanks are not allowed; select from drop	1 = Yes 2 = No	

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		for Mental or emotional difficulties?				down list.	7 = Refused to answer 8 = Do not know 9 = Missing data	
80	F2BII_HM	2biiz. During the past 30 days did you receive Outpatient Treatment for Mental or emotional difficulties? If yes, how many times?	Numeric	2	99	0 or blank when f_2b_ii is not equal to 1; 1 through 30 when f_2b_ii equals 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2B_II equals 2, then F2BII_HM should be '0' or '96'.
81	F_2B_III	2biii. During the past 30 days did you receive Outpatient Treatment for Alcohol or substance abuse?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
82	F2BIII_HM	2biiz. During the past 30 days did you receive Outpatient Treatment for Alcohol or substance abuse? If yes, how many times?	Numeric	2	99	0 or blank when f_2b_iii is not equal to 1; 1 through 30 when f_2b_iii equals 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2B_III equals 2, then F2BIII_HM should be '0' or '96'.
83	F_2C_I	2ci. During the past 30 days did you receive Emergency Room Treatment for a Physical complaint?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
84	F2CI_HM	2ciz. During the past 30 days did you receive Emergency Room Treatment for a Physical complaint? If yes, how many times?	Numeric	2	99	0 or blank when f_2c_I is not equal to 1; 1 through 30 when f_2c_I equals 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2C_I equals 2, then F2CI_HM should be '0' or '96'.
85	F_2C_II	2cii. During the past 30 days did you receive Emergency Room Treatment for Mental or emotional difficulties?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
86	F2CII_HM	2ciiz. During the past 30 days did you receive Emergency Room Treatment for Mental or emotional difficulties? If yes, how many times?	Numeric	2	99	0 or blank when f_2c_ii is not equal to 1; 1 through 30 when f_2c_ii equals 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2C_II equals 2, then F2CII_HM should be '0' or '96'.
87	F_2C_III	2ciii. During the past 30 days did you receive Emergency Room Treatment for Alcohol or substance abuse?	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
88	F2CIII_HM	2ciiiz. During the past 30 days did you receive Emergency Room Treatment for Alcohol or substance abuse? If yes, how many times?	Numeric	2	99	0 or blank when f_2c_iii is not equal to 1; 1 through 30 when f_2c_iii = 1; otherwise 96-99.	0 – 95 = Number of times 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	If F_2C_III equals 2, then F2CIII_HM should be '0' or '96'.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
89	F_3	During the past 30 days, did you engage in sexual activity? (ASK ONLY OF CLIENTS 18 YEARS OF AGE OR OLDER) (CSAT ONLY)	Numeric	1	9	Blanks are not allowed; select from drop down list	1 = Yes 2 = No 3 = Not permitted to ask 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	
90	F_3A	3a. During the past 30 days, did you engage in sexual activity? Number of sexual contacts (vaginal, oral, or anal) did you have?	Numeric	3	999	0-900, 996-999. Blanks allowed.	0 – 900 = Number of times 996 = Not applicable 997 = Refused to answer 998 = Do not know 999 = Missing data	
91	F_3B	3b. During the past 30 days, did you engage in sexual activity? Number of unprotected sexual contacts did you have?	Numeric	3	999	0-900, 996-999. Blanks allowed.	0 – 900 = Number of times 996 = Not applicable 997 = Refused to answer 998 = Do not know 999 = Missing data	
92	F_3C1	3c1. During the past 30 days, did you engage in sexual activity? Number of unprotected sexual contacts were with an individual who is or was: HIV positive or has AIDS	Numeric	3	999	0-900, 996-999. Blanks allowed.	0 – 900 = Number of times 996 = Not applicable 997 = Refused to answer 998 = Do not know 999 = Missing data	
93	F_3C2	3c2. During the past 30 days, did you engage in sexual activity? Number of unprotected sexual contacts were with an individual who is or was: An injection drug user	Numeric	3	999	0-900, 996-999. Blanks allowed.	0 – 900 = Number of times 996 = Not applicable 997 = Refused to answer 998 = Do not know 999 = Missing data	
94	F_3C3	3c3. During the past 30 days, did you engage in sexual activity? Number of unprotected sexual contacts were with an individual who is or was: High on some substance.	Numeric	3	999	0-900, 996-999. Blanks allowed.	0 – 900 = Number of times 996 = Not applicable 997 = Refused to answer 998 = Do not know 999 = Missing data	
95	F_4_A	4_a. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Experienced serious depression (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
96	F_4_B	4_b. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Experienced serious anxiety or tension (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
97	F_4_C	4_c. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Experienced hallucinations (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
98	F_4_D	4_d. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Experienced trouble understanding, concentrating, or remembering (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
99	F_4_E	4_e. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Experienced trouble controlling violent behavior (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
100	F_4_F	4_f. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Attempted suicide (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
101	F_4_G	4_g. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: Been prescribed medication for psychological/emotional problem (CSAT ONLY)	Numeric	2	99	0-30, 96-99. Blanks allowed.	0 – 30 = Number of days 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
102	F_4A	4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days? (CSAT ONLY)	Numeric	1	9	1--9. Blanks allowed.	1 = Not at all 2 = Slightly 3 = Moderately 4 = Considerable 5 = Extremely 6 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	If not report any days to the items in question 4, skip this value.
103								
	H_1	1. Gender.	Numeric	1	9	1-4, 7-9. Blanks are not allowed; select from drop down list	1 = Male 2 = Female 3 = Transgender 4 = Other (specify) 7 = Refused to answer 8 = Do not know 9 = Missing data	
104	H_1_OTH	1z. Gender. Other, specify.	Text	50	See width	Blanks allowed; alpha –numeric characters	Verbatim, conditional requirement	This field has a value only if the value of H_1 is 4.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
105	H_2	2. Are you Hispanic or Latino?	Numeric	1	9	1-2, 7-9. Blanks are not allowed; select from drop down list	1 = Yes 2 = No 7 = Refused to answer 8 = Do not know 9 = Missing data	
106	H_2_Y	2. If Hispanic or Latino, what ethnic group do you consider yourself? (CSAT ONLY)	Numeric	1	9	1-7, 96-99. Blanks are not allowed; select from drop down list	1 = Central American 2 = Cuban 3 = Dominican 4 = Mexican 5 = Puerto Rican 6 = South American 7 = Other (specify) 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The field should not be blank when H_2 equals 1.
107	H_2_Y2	2. If Hispanic or Latino, what ethnic group do you consider yourself? (CSAT ONLY)	Numeric	1	9	1-7, 96-99. Blanks are allowed; select from drop down list	1 = Central American 2 = Cuban 3 = Dominican 4 = Mexican 5 = Puerto Rican 6 = South American 7 = Other (specify) 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	The field should not be blank when H_2 equals 1.
108	H_2_YOTH	Other Race (Specify)	Text	50	See width	Blanks allowed; alpha –numeric characters	Verbatim, conditional requirement	This field has a value only if the value of H_2_Y or H_2_Y2 is 7.
109	H_3_1	3.What is your race?	Numeric	1	9	0-9. Blanks are not allowed; select from drop down list	0 = Other specify 1 = Black or African American 2 = Asian 3 = American Indian 4 = Native Hawaiian or other Pacific Islander 5 = Alaska Native 6 = White 7 = Refused to answer 8 = Do not know 9 = Missing data	The selection of this field should not be same as the selection of field H_3_2 except the non response codes (7, 8, 9)
110	H_3_2	3.What is your race?	Numeric	1	9	0-9. Blanks are allowed; select from drop down list	0 = Other (specify) 1 = Black or African American 2 = Asian 3 = American Indian 4 = Native Hawaiian or other Pacific Islander 5 = Alaska Native	Use this field when more than 1 race were selected. The selection of this field should not be same as the selection of field H_3_1 except the non response codes (7, 8, 9)

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
							6 = White 96 = Not applicable 7 = Refused to answer 8 = Do not know 9 = Missing data	
111	H_3_OTH	Other Race (Specify)	Text	50	See width	Blanks allowed. Alpha – numeric characters	Verbatim, conditional requirement	This field has a value only if H_3_1 or H_3_2 equals to 0.
112	H_4	4. What is your date of birth?	Date	10	MM/DD/YY YY	Blanks are not allowed; 01/01/1900 through 01/01/this year.	09/09/9997 = Refuse to answer 09/09/9998 = Don't know 09/09/9999 = Missing data	
113	I_1	1. What is the follow-up status of the client? FOLLOW-UP STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)	Numeric	2	99	1, 11, 21-24, 31-32, 96-99. Blanks are not allowed; select from drop down list	1 = Deceased at time of due date 11 = Completed within specified window 21 = Located, but refused, unspecified 22 = Located, but unable to gain institutional access 23 = Located, but otherwise unable to gain access 24 = Located, but withdrawn from project 31 = Unable to locate, moved 32 = Unable to locate, other 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
114	I_1_OTH	Other Follow-up status (Specify)	Text	50	See width	Blank allowed; alpha –numeric characters	Verbatim, conditional requirement	
115	J_1	On what date was the client discharged? DISCHARGE STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)	Date	10	MM/DD/YY YY	Blanks are not allowed.	09/09/9997 = Refuse to answer 09/09/9998 = Don't know 09/09/9999 = Missing data	
116	J_2	What is the client's discharge status? Completion/Graduate	Numeric	1	9	1. Blanks are not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
117	J_2T	If the client was terminated, what was the reason for termination?	Numeric	2	99	1-13, 96-99. Blanks are not allowed; select from drop down list	1 = Left on own against staff advice with satisfactory progress 2 = Left on own against staff advice without satisfactory progress 3 = Involuntarily discharged due to nonparticipation 4 = Involuntarily discharged due to	This field is only used for follow-ups. It's blank at intake.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
							violation of rules 5 = Referred to another program or other services with satisfactory progress 6 = Referred to another program or other services with unsatisfactory progress 7 = Incarcerated due to offense committed while in treatment with satisfactory progress 8 = Incarcerated due to offense committed while in treatment with unsatisfactory progress 9 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress 10 = Incarcerated due to old warrant or charged from before entering treatment with no satisfactory progress 11 = Transferred to another facility for health reasons 12 = Death 13 = Other 96 = Not applicable 97 = Refused to answer 98 = Do not know 99 = Missing data	
118	J_3_1	During the course of treatment in your project, what types of services did the client receive? Service Type: Case Management	Numeric	2	99	1. Blanks are not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
119	J_3_1WK	The number of weeks in each service type: Case Management [only applies to follow-ups]	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
120	J_3_2	During the course of treatment in your project, what types of services did the client receive? Service Type: Day Treatment	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
121	J_3_2WK	The number of weeks in each service type: Day Treatment [only applies to follow-ups]	Numeric	2	99	0-24 , 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
122	J_3_3	During the course of treatment in	Numeric	2	99	1.	1 = Yes	This field is only used for

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
		your project, what types of services did the client receive? Service Type: Inpatient				Blank is not allowed.		follow-ups. It's blank at intake.
123	J_3_3WK	The number of weeks in each service type: Inpatient [only applies to follow-ups]	Numeric	2	99	0-24 , 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
124	J_3_4	During the course of treatment in your project, what types of services did the client receive? Service Type: Outpatient	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
125	J_3_4WK	The number of weeks in each service type: Outpatient [only applies to follow-ups]	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
126	J_3_5	During the course of treatment in your project, what types of services did the client receive? Service Type: Outreach	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
127	J_3_5WK	The number of weeks in each service type: Outreach [only applies to follow-ups]	Numeric	2	99	0-24 , 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
128	J_3_6	During the course of treatment in your project, what types of services did the client receive? Service Type: Intensive Outpatient	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
129	J_3_6WK	The number of weeks in each service type: Intensive Outpatient [only applies to follow-ups]	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
130	J_3_7	During the course of treatment in your project, what types of services did the client receive? Service Type: Methadone	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
131	J_3_7WK	The number of weeks in each service type: Methadone [only applies to follow-ups]	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
132	J_3_8	During the course of treatment in your project, what types of services did the client receive? Service Type: Residential	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
133	J_3_8WK	The number of weeks in service type: Residential only applies to follow-ups]	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.

Order	Field Name	Question and Description	Data Type	Width	Format	Valid Values	Description / Value Definitions	Warning Edits / Skip Logic
134	J_3_10	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	Numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
135	J_3_10WK	The number of weeks in each service type [only applies to follow-ups] Service Type: Other	Numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
136	J_310OTH	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	Text	50	See width	Blank allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field is only used for follow-ups. It's blank at intake. This field has a value only if the value of SVTP_10 is checked or equal 1.
137	J_3_11	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
138	J_3_11WK	The number of weeks in each service type [only applies to follow-ups] Service Type: Other	numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
139	J_311OTH	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	Text	50	See width	Blank allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of SVTP_11 is checked or equal 1. This field is only used for follow-ups. It's blank at intake.
140	J_3_12	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	numeric	2	99	1. Blank is not allowed.	1 = Yes	This field is only used for follow-ups. It's blank at intake.
141	J_3_12WK	The number of weeks in each service type [only applies to follow-ups] Service Type: Other	numeric	2	99	0-24, 97-99 at 6 month or 12 month follow-up;	0 – 24 = Number of weeks 97 = Refused to answer 98 = Do not know 99 = Missing data	This field is only used for follow-ups. It's blank at intake.
142	J_312OTH	During the course of treatment in your project, what types of services did the client receive? Service Type: Other	Text	50	See width	Blank allowed; Alpha-numeric characters	Verbatim, conditional requirement	This field has a value only if the value of SVTP_12 is checked or equal 1. This field is only used for follow-ups. It's blank at intake.
143	J_3_13	When old GPRA form was used to collect data, service type is not applicable.	numeric	2	99	1. Blank is not allowed.	1 = Yes	This field should not be blank when old GPRA form was used to collect data